## FEC FORM

## STATEMENT OF ORGANIZATION

SEGRETARY OF THE SENATE

12 MAR 19 AM 11: 46

				Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Delaware Senat	e 2012	1.	<u> </u>	<u> </u>
ADDRESS (number and street)	120 Maryland	Ave NE		
(Check if address is changed)	Washington		DC 2	20002
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e	e-mail address)		
(Check if address	compliance@	)dscc.org	11111	ليستست
is changed)				
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
(Check if address			11111	
is changed)			1 1 1 1 1 1	
2. DATE ; 03" / 15	2012			. • <del>•</del> .
3. FEC IDENTIFICATION N	JMBER C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined the	nis Statement and to the bes	t of my knowledge and belief	it is true, correct a	nd complete.
Type or Print Name of Treasure	, Adriane Rum	nmel		
Signature of Treasurer	Avlun	l_	Date 03 <sup>M</sup>	19° 2012
NOTE: Submission of false, errone		may subject the person signing		ne penalties of 2 U.S.C. §437g.
Office Use		For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

This committee is a principal campaign committee. (Complete the candidate information below.)

House

This committee supports/opposes only one candidate, and is NOT an authorized committee.

Office

Sought:

This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate

Senate

Page 2

State

District

President

FEC Form 1 (Revised 02/2009)

information below.)

TYPE OF COMMITTEE

Candidate Committee:

(a)

(b)

(c)

Name of Candidate

Candidate

Party Affiliation

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N
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N
-

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V	/rite or Type Com	mittee Name	
	Delaware	Senate 2012	
6.	Name of Any C	onnected Organization, Affiliated Committee, Joint Fundraising Representative, or	r Leadership PAC Sponsor
۱N	ione:		
L			
	Mailing Address		
			<u> </u>
		CITY STATE	ZIP CODE
	Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor
7.	Custodian of Re books and record	ecords: Identify by name, address (phone number optional) and position of the persects.	son in possession of committee
	Full Name	Adriane Rummel	
	Mailing Address	120 Maryland Ave NE	
			<u> </u>
		Washington	20002
	Title or Position	CITY STATE	ZIP CODE
	Treasurer	Telephone number 202	
8.		ne name and address (phone number optional) of the treasurer of the committee; ar gent (e.g., assistant treasurer).	nd the name and address of
	Full Name of Treasurer	Adriane Rummel	<u> </u>
	Mailing Address	120 Maryland Ave NE	
		Washington	20002
	Title or Position	CITY . STATE  Telephone number [202]	ZIP CODE
		relephone number	<u></u>

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Full Name of Designated Agent	Megan Mielnik	
Mailing Address	120 Maryland Ave NE	
	Washington DC 20	002   -     ZIP CODE
Title or Position  [Assistant T	reasurer [202] -	- <u> 224                                       </u>
Banks or Other safety deposit bo Name of Bank, [	Depositories: List all banks or other depositories in which the committee deposits funds, exes or maintains funds. Depository, etc.	holds accounts, rents
	Bank of America,	1 1 1 1 1 1 1
Mailing Address	730 15th Street NW	
	Washington DC   20	005,
	CITY STATE	ZIP CODE
Name of Bank, D	Depository, etc.	<u>-</u> -
	1	
Mailing Address		
·		
	CITY STATE	ZIP CODE

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

## United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOC	CUMENT WAS:
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DELIVERY CONFIRMATIO	Postmark ON OR SIGNATURE CONFIRMATION LABEL
USPS EXPRESS MAIL_	Postmark
OVERNIGHT DELIVER	RY SERVICE: SHIPPING DATE NEXT BUSINESS DAY DELIVERY
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OWNER	ite of Receipt or Postmark
OTHER	



